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AUTHOR Fritz, Paul; And Others
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ABSTRACT

Recognizing the need for pharmacy students to develop a competence in communication and interviewing proficiencies, the University of Toledo (Ohio) College of Pharmacy and the Department of Communication have developed two communication courses to be taken by all pharmacy students--"Interpersonal Communication" and "Interpersonal Communication in the Health Care Context." The discussion of these courses includes the following information: (1) three justifications for including interpersonal communication courses in health care curricula, (2) a discussion of the interactionist approach to interviewing, (3) lists of the major course objectives and instructional strategies used in the two courses, (4) brief descriptions of each of the ten four-hour class sessions in the course especially for pharmacists, and (5) a report of the positive feedback received about the pharmacists communication course. Appendixes provide two of the role playing situations used in the advanced course, a course outline of "Interpersonal Communication in the Health Care Context," and an evaluation form for one of the role playing case studies. (RI)

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TEACHING INTERVIEWING PROFICIENCES

to

HEALTH CARE PROFESSIONALS

Speech Communication Association of Ohio

Columbus, Ohio

October, 1980

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PAUL FRITZ

CHARLES RUSSELL

ETHEL WILCOX

The University of Toledo
Department of Communication

CS503111

The last decade has seen a continued call for Colleges of Pharmacy to teach communication proficiencies as part of the undergraduate curriculum. This increased effort by the colleges was due, in large part, to the 1975 AACP sponsored Millis Commission Report "Pharmacists for the Future."[1] In the report, the Millis Commission envisioned the pharmacist of the future as being:

> "...responsible for more than the delivery of a product to the ultimate consumer. It is certain that he will be responsible for reinforcing the physician's instructions about drug therapies. He will be responsible for keeping patient drug utilization records. This will necessitate that he elicit information from the patient concerning his total use of drugs, his compliance with instructions, his reports of effects, reactions, and interactions. Further, with the growth of prepaid plans the pharmacist will see patients much more regularly than is currently the case. A more personal and continuing relationship with the patient should develop. The pharmacist will dispense drugs, and he will dispense and elicit information concerning drug usage and concerning the patient."[2]

Within the past few years, the faculty of the Department of Communication at the University of Toledo have become increasingly involved in the teaching of communication theory and proficiencies to practicing and potential (student) health care professionals. Each quarter the department offers a course entitled "Interpersonal Communication in the Health Care Context" (cross-listed with the College of Pharmacy) which is required for all advanced pharmacy majors; each summer the department has offered a required course in interpersonal communication at the Toledo Hospital School of Nursing; and faculty have conducted workshops for practicing pharmacists and nurses, as well as delivering papers at various health care conventions.

Faculty involvement has come as a result of the perceived need expressed by health care practicioners for assistance in becoming more effective interpersonal communicators. As discussed in an earlier paper presented to this body,[3]

health care professionals are increasingly adopting the point of view that rather than engaging primarily in the distribution of treatments, the best health care takes place when the patient him or herself becomes an active participant in the therapeutic regimen, making informed decisions about what aspect of a program he or she will follow.[4] The problem of non-compliance with health care instructions and advice has been a recognized long-standing problem, but it is only recently that health-care professionals have begun to formally recognize that their communication patterns, relationships, and behaviors can have an impact on compliance.

Health care professionals have a second incentive to increase effective and responsible communication: the increasing desire, education, and sophistication of the consuming public. No longer does the health-care consumer unquestionly accept whatever the doctor, nurse, or pharmacist says.[5] This growing consumerism is now demanding that health care professionals contribute to their understanding of the healing process. As most university professors will recognize, the old "truth-giver/sponge" model of communication never has adequately described the education process nor does it explain effective human communication. Health care professionals are turning to communication scholars to learn how to best select, design and promote programs and interpersonal relationships to improve patience compliance while meeting the educational needs/desires of the public.

The American court room has provided what we see to be the third major incentive to change the <u>status quo</u>. Legal precedents have been established pointing to the professional's responsibility to dispense information.[6] Few would argue today that professionals bear little or no responsibility for informing the public. In an interpersonal communication/interviewing course which is founded on interactionist principles (to be described later in this paper), students quickly learn that optimum communication takes place between

unique individuals rather than roles or images. It is generally accepted that lawsuits are much more likely to be brought against a role or image (i.e., the pharmacist) than against an individual (i.e., my pharmacist, Mr. Johnson).

The above three justifications for the inclusion of interpersonal communication courses in health care curriculums are by no means the only justifications. Rather than attempt an exhaustive list of why interpersonal communication/interviewing should be studied, we take the position that health care professionals will be enhanced in a large measure through effective and responsible interpersonal communication.[7]

The Interactionist Approach to Interviewing[8]

People communicate in a variety of social contexts. The most frequently used context in health care is the two person conversation (dyadic communication). Consider, for example, the dyads a pharmacist is usually involved in during a working day: pharmacist/patient, pharmacist/customer, pharmacist/physician, pharmacist/pharmacist, pharmacist/receptionist-clerk, pharmacist/pharmaceutical representative and pharmacist/friend or family member. Since dyadic communication is so pervasive and important, special attention to dyadic communication seems quite appropriate. The following is the working definition used in our interviewing classes:

> "Interpersonal communication is a complex process between two unique individuals (not roles or images) that includes formulation of thoughts into stimuli, sharing the stimuli, and instantly responding to those stimuli."[9]

One of the most fundamental ideas taught in our interviewing classes and professional seminars is that because of the precarious nature of dyads, success is contingent upon cooperation rather than competition. To the extent one of the two individuals seeks to gain something at the expense of the other person, we have the basis for a zero-sum outcome (one who wins at the other's

expense). Any time one person in a dyad perceives a need to protect, withhold, distort, etc., a competitive atmosphere will likely exist. This idea amounts to a basic suggestion for the health care professional: communicate to develop and maintain a friendly-cooperative relationship with your patients. Both the patient and the professional will gain from this effort. The idea is simple, but is often ignored in actual health care practice. A course in interpersonal communication/interviewing should provide repeated and practical experiences to develop cooperative dyads.

The idea of health care communication being a cooperative process led us to our development of an interactionist approach to the teaching of interviewing proficiences. An interactionist approach allows both people conversing to have equal responsibility for the outcome of their conversation. Often communication takes place using what was earlier described as the "truth-giver/sponge" approach. Using this model, one person is seen as having the responsibility to "give information" (instructions on how to inject insulin, for example) and the other the responsibility to receive the information. The problem with this truth-giver/sponge model (unlike the interactionist approach) is that it does not take into consideration the basic need of people to be active rather than passive participants. For example, most people respond badly to those who would attempt to restrict their choices or options.[10] Any time one is told "You will..." the very human tendency is to say "Just try and make me!" Again, however, one of the responsibilities of the health care professional is to "control" or influence patient behavior. How this influence attempt is communicated can mean the very real difference between patient compliance and noncompliance.

Consider the following examples:

A. Truth-giver sponge model: "You will take this once a day."

B. Interactionist model: "This medication helps your body make urine. It works over a period of 24 hours, but the greatest effect is during the first six hours after you take the pill. In order to reduce the inconvenience of increased urination and to assure the medication is taken only once a day, when do you think would be a good time to take it?

The above simple exchange is not offered to prove the interactionist approach superior to other approaches, but hopefully will suggest that the professional is given immediate feedback as to the patient's understanding and has also made it possible for the patient to jointly determine when he/she should use the medication. People who play an active role in determining their future actions generally behave in ways consistent with their plans. We have found that patient compliance stands a very good chance of being improved when one uses the interactionist approach.

University of Toledo Program

Recognizing the need for students to develop a competence in communication and interviewing proficiences, The University of Toledo College of Pharmacy and Department of Communication have developed two communication courses to be taken by all pharmacy students -- "Interpersonal Communication" and "Interpersonal Communication in the Health Care Context." Both of these courses have interviewing as their foundation.

Interpersonal Communication Courses

The first course, entitled "Interpersonal Communication," is taught at the junior-senior level to students in all disciplines from all colleges on campus. The major objectives of this course are:

1. Increased awareness of and sensitivity to variables operating in the communication situation which have a bearing on "effectiveness," especially those factors which seem to be pre-conditions for optimum communication;

2. Increased ability to diminish defensive behavior and to contribute to the creation of a supportive climate in human interaction;

3. Increase ability to determine precise communication objectives and increased skill in formulating questions which obtain responses relevant to those objectives;

4. Increased ability in coping with dyadic (two-person) communication situations:

   a. Obtaining information in situations where the other party for one reason, or a variety of reasons, is not fully motivated to cooperate in supplying that information, i.e., information acquisition in stress situations;

   b. Modifying attitudes and/or behaviors of another individual where for one, or a variety of, reasons the other person is resistant, i.e., interpersonal influence on a one-to-one basis.[11]

The above goals are met through a variety of instructional strategies, including:

1. Classroom lecture/discussion: The following topical areas serve as the foundation for all other classroom activities:

   a. Major axioms of communication (One cannot not communicate, etc.)
   b. Pre-conditions necessary for the best possible communication
   c. Communication climates (supportiveness versus defensiveness)
   d. Question/probe construction suggestions
   e. Nonverbal communication
   f. Communicator credibility
   g. Listening
   h. Language

2. Role-play/simulation activities: A variety of role-play/simulation activities are employed to provide students the opportunity to use and analyze communication principles. These include the following major activities:

   a. "Dysfunctional" or "non-optimum" communication asssignment--students are paired in dyads and asked to create a role-playing event illustrating non-optimum communication;

   b. Reconstruction of an interview--students are asked to analyze a transcript of a defensive dyadic situation and then attempt to reconstruct the event in a supportive climate;

   c. Information acquisition dyad--students are involved in role-playing situations in which each is given the task of obtaining information in a stress situation;

d. Interpersonal influence dyad--students are involved in role-playing situations where each is given the task of influencing another in a dyad in which there is a resistance to influence;

e. In-depth research paper--students are expected to research and elucidate some aspect of communication theory relevant to the dyad. Often, this paper will center around communicating effectively in a conflict situation.

The second course is jointly offered by the Department of Communication the College of Pharmacy. It is entitled "Interpersonal Communication in the Health Care Context" and is taken by all fifth-year pharmacy majors. The course is an advanced intensive examination of interpersonal communication emphasizing one-to-one interaction/interviewing in the health-care context. This intensive course is presently taught in ten consecutive four-hour sessions and preceeds eight weeks of student field experience.

The major objectives of this course include:

1. Advanced understanding of communication variables operating in the dyadic context which have a relationship to effectiveness in the health-care context;

2. Identification and utilization of the necessary preconditions for efficient and accurate information acquisition and dissemination;

3. Identification and elimination (as far as is possible) of contributors to defensive communication climates;

4. Identification and utilization of contributors to supportive communication climates;

5. Identification of precise health care communication objectives to be implemented by the use of probes congruent with health care personnel objectives;

6. To provide health care personnel with communication options other than withdrawal.

7. Understanding and acceptance of an interactionist model of communication.

The above objectives are met through a variety of instructional strategies including classroom lecture/discussion, assigned reading of a text specifically developed to meet objectives[12], detailed written plans for the role-play/simulation activities, role-playing, and detailed written evaluation of the

role-play/simulations. Students are provided with case studies for their role-play activities in the following categories:

1. information-giving
2. information-gathering
3. interpersonal influence
4. declaration/withdrawal (these cases focus on the consequences of speaking/acting and not speaking/acting)

See Appendix A for sample case studies.

Intensive Seminar Description

Prior to meeting the first class session, students receive the course outline (see Appendix B) and a copy of the course text.[13] A brief description of each of the ten, four-hour, sessions follows:

Day 1: By the summer of 1980 all students enrolled in this course will have taken the introductory interpersonal communication/interviewing course. At the present time, however, the majority of our students have not yet had the course, and correspondingly, the first day is governed by the presence or absence of previous study in interpersonal communication. Because our students do not yet have sufficient background, we proceed as follows. The first three hours of the first session are devoted to a presentation/review of fourteen pre-conditions identified as being necessary for optimum communication to occur in the health care setting. These pre-conditions include such factors as:

1. Shared vocabulary: how does a health care professional avoid intimidating/embarrassing a patient as he/she provides information for the irrigation of the patient's colostomy, for example? In this instance, as in many, the emphasis is on sensitizing the health care professional to the intimidation/alienation power of an unfamiliar medical vocabulary.

2. Response flexibility: (defined as the ability to respond to patient's behaviors/comments rather than to a stereotype) Mrs. Jones earlier received detailed instructions on the use of a vaginal suppository. The nurse has just received a call and is met with a basic question asked by a confused and obviously embarrassed Mrs. Jones, "Which hole was I supposed to use now?" How would you have your students respond?

3. Manageable rate of information: Would there be any difference in the rate of presentation of five steps to follow when applying a topic dressing to a superficial injury as compared to providing, to a newly-diagnosed diabetic, the five steps necessary when self-administering insulin injections?

The last hour of day one is spent explaining course activities and assignments and in providing an explanation of the expectations associated with the detailed written pre and post-analyses of behaviors engaged in and seen in role-playing activities. In the pre-analysis of a role-playing encounter, for example, students are asked to respond to eight to ten specific guidelines for the preparation of a role-playing encounter. One of these areas would be the identification of the relevant pre-conditions likely to be missing, along with an explanation of how the student plans to compensate for their initial absence.

Days 2 and 3 are presently spent (post summer 1980 will be changed to accomodate students having completed the first level course) reviewing relevant communication principles and completing specific projects designed to reinforce those principles. One of these activities is designed to vividly demonstrate that even among trained professionals there exists widely divergent views of what is meant by "Take this before mealtimes," "Shake before using," and "Administer as necessary."

Days 4 and 5 are allocated to information-giving dyads. We use as topics for information-giving those items nurses and pharmacists are required to know by their respective programs, i.e., intramuscular injection techniques, preparation and use of a sitz bath. On the day of the student presentation, the student is required to submit a typed, generally seven to twelve page pre-analysis paper for information-giving. We use a variety of role-playing strategies but fundamentally seek to provide the information giver with a "representative, real-life patient" who does not know and who needs the

information. Pairs of students are assigned to evaluate the in-class presentations and to submit a seven to twelve page post-analysis of their assigned dyads. Student grades are therefore based on their written work and not on their role-play performance in the classroom.

Day 6 is reserved for the students to video-tape either an information-gathering or an interpersonal influence dyad and to play-back and self-critique their efforts. On this day they are responsible for submitting a typed 10 to 15 page pre-analysis of their assigned or chosen case study. They also have due a 10 to 15 page nonverbal analysis paper which describes in more detail than many would care to engage in all perceived nonverbal messages one can find in a specific health care setting, i.e., a retail pharmacy, an emergency room, a doctor's office, etc. In our opinion, it is crucial that students be given a minimum of a 24 hour "turn-around" period between submission and return of a graded assignment. We seek to minimize repetition of inappropriate plans and evaluations.

Day 7 is reserved for students to play-back and evaluate assigned video-taped dyads recorded on Day 6. Students are required to submit a typed 12 to 15 page paper which provides an in-depth analysis of effective and ineffective communication behaviors.

Day 8 is used to play-back to the entire class each of the video-taped case studies. The two students who wrote the post-analysis of a given case study are responsible for the in-class discussion/evaluation of that case study. We have found that differences in individual perceptions and evaluations of effectiveness serve masterfully to stimulate class discussions. The student health care professional is capable of surprisingly sophisticated analysis.

Days 9 and 10 are given over to what we perceive to be the most difficult, challenging, and stimulating case studies--those involving the choice between

declaration and withdrawal.[14] Considerably more time is devoted to the in-class evaluation and discussions than is given to the earlier case studies. Students are provided a one-page evaluation form to facilitate their note-taking and to improve their recall of the interview for discussion purposes (see Appendix C). These two days are intended to culminate in student recognition of communication as a choice-making activity. We have found these declaration/withdrawal case studies to be excellent vehicles for the merging of professional health care training, ethics/responsibility considerations, and communication principles. Students tend to participate in these class discussions with nearly the same gusto as seen when they look forward to the "end of the quarter beer bust!"

Summary

Interviewing, as taught at the University of Toledo, stresses an interactionist approach to communication. Students are aided in understanding that optimum communication has a greater liklihood to take place in a cooperative dyad where both participants are jointly seen as responsible for the outcome. We find that interviewing is best understood in an instructional context utilizing detailed plans, role-playing, and detailed evaluations. Unless the student is provided with repeated opportunities to apply communication principles in "real-life" situations, he/she will tend to have a superficial and unrealistic understanding of the interviewing process.

One must always ask, what are the results of an approach, and we too encourage the asking of that question. We have attempted to measure our results/success by:

A. Course enrollment: the first course in interpersonal communication at the University of Toledo has grown from one course a year four years ago to the now offered eleven sections per quarter which meet, at best, only 50% of student demand. Pharmacy and Toledo Hospital School of Nursing majors are required to complete this course; our own nursing majors self-select it with approval of their advisers. Two years ago we offered a one quarter trial course in Advanced

Interpersonal Communication for the Health Care Professional; currently we offer one section each quarter (including summer). This course is required of all Pharmacy fifth-year majors.

B. Student evaluations: The norm of student evaluations in the introductory interviewing course is so high that the uninformed person might be tempted to question if the instructors did not fill in the forms themselves. We hasten to note that the grades given in the class are well within the normal range--this course is not a "snap" or easy course. The same holds true for the advanced course. Evaluations are best characterized by the following statement: "I didn't particularly appreciate the amount and quality of the work demanded of me, but I sure did learn!"

C. Post-class, unsolicitated student commentary: Perhaps the best yardstick available to a teacher wishing to measure his/her teaching success is the former student who volunteers an assessment regarding the application and value of the course to professional life. We have been called by former students who have asked us to conduct workshops, seminars, and training programs for their peers and subordinates who have not been exposed to an interviewing course. We have received a few notes and phone calls best characterized by the statement contained in a recent letter: "I've been competing against colleagues from Ivy-League and big-name schools and find that I'm miles ahead when it come to communication proficiences--Thanks."

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APPENDIX A

Information Gathering Case Study

Decla tion/Withdrawal Case Study*

*Taken from Interpersonal Communication for Pharmacists: An Interactionist Approach by Charles Russell, Ethel Wilcox, and Charles Hicks. May be used only with the written permission of the authors.

Information Acquisition Case Study*

Mrs. Hines has brought her 15-year-old daughter to the doctor's office where you work. Mrs. Hines tells you that she wants Sally to be given a thorough physical because "Sally has a history of irregular periods. Sally is frequently nauseated and lately she has been tired a lot wanting to go to her room to sleep in the early mornings and in the afternoons." During this time Sally appears ill-at-ease but says nothing.

When you call Sally to the examining room, Mrs. Hines accompanies her. After taking Sally's "vitals," you begin to question Sally and quickly note that Mrs. Hines answers all questions, even though the questions can only be appropriately and adequately answered by Sally. Mrs. Hines has been successful in ignoring your nonverbal suggestion that Sally be allowed to answer questions.

Objective of the nurse: to determine if there is a need for privacy in this interview; and to inquire as to the possible explanations for Sally's condition.

Objective of the Patient: to reveal nothing while her mother is in the room and to find out if she is pregnant.

*Case study may be used only with the written permission of the authors.

Declaration/Withdrawal Case Study*

Years ago, some retail stores displayed a sign which read, "The customer is always right!" While that sign may no longer be displayed, some individuals seem to believe its message is still true today. Jim, the new, 26-year-old son-in-law assistant manager of the pharmacy where you work (Jim's father-in-law is the owner) has sought to make this once-displayed sign his guide for customer relations. At age 29, you have serious questions about both Jim's competence and courage. He has given you numerous reasons to question both. In fact, you wonder if he would object if a customer would "walk out with the store" -- if the customer objected to being called a shoplifter.

Mrs. Jones has asked you to refill her Valium even though she has been informed that no additional refills are to be allowed until she sees Dr. Conners. You have called Dr. Conners, and he has told you that while Mrs. Jones is a "royal pain in the ass," she is in need of medication and treatment, but only after she comes to his office for a six-month overdue checkup. You report to Mrs. Jones that you are not authorized to refill her Valium prescription. She begins to cry, speak loudly, accuse you of neglect and incompetence, and in general, make a scene in front of Jim and several other patients waiting for service. What are you going to do?

Objective of the pharmacist: to be determined by the pharmacist.

Objective of Mrs. Jones: to have her Valium refilled through fear, intimidation, sympathy, or anything else that will allow her to avoid having to return to her doctor.

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APPENDIX B

Course Outline

Interpersonal Communication in Health Care Contexts

Dear

The enclosed text, Interpersonal Communication for Pharmacists: An Interactionist Approach, is for your Fall, 1980, 403 Interpersonal Communication in the Health Care Context course. You can make a major contribution to the quality of the course and efficient use of your time if you will read the text before you come to class the first day (September 22, 1980). I have scheduled class time based on the assumption that you will have read the text before September 22 and have not allowed for class time to be used for reading. As you can see from the schedule below, class time will be used to discuss what you have read and to complete in class the projects assigned in each chapter. If you have not read the material or have not prepared for the assigned projects from each chapter, the course will not be able to aid you as much as I would like.

The class schedule is:

Sept. 22 Introduction to course. Discuss pre-conditions for optimum communication. Assign dyad partner and case studies for entire course.

23 Discuss text Chapters 2, 3, and 4. We will complete in class the chapter projects. You are responsible for coming to class ready to do the assigned work (i.e., do requested work outside of class and bring your findings to class).

24 Discuss text Chapters 5, 6, and 7. We will complete in class the chapter projects. YOu are responsible for coming to class ready to do the assigned work.

25 Discuss Chapter 8. One-half of the Information-Giving Dyads presented and evaluated in class. Pre-analysis due.

26 Last half of Information-Giving Dyads presented and evaluated in class. Pre-analysis due.

29 Class members will report to the Technological Media Center to record their assigned case study. The sign-up sheet will identify the time of your appointment (1-5 p.m.). Nonverbal paper due. Pre-analysis due.

30 Class members will report to the Technical Media Center to view the recorded case study they are to evaluate. The sign-up sheet will identify the case study, the number of the tape, and the time (1-5 p.m.).

Oct. 1 Class will meet in the Technological Media Center to view and evaluate all recorded case studies. Post-analysis due.

2 Chapter 11 case studies presented in class. Evaluation assignments will be made. Pre-analysis due.

3 Chapter 11 post-analysis due. Discussion of the text and course materials.

Sincerely,

Charles G. Russell, Associate Professor
Department of Communciation

APPENDIX C

Evaluation Form*

Declaration/Withdrawal Case Studies

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DECLARATION/WITHDRAWAL EVALUATION FORM

Name of Person Responsible for the Declaration/Withdrawal Choice: _____

Evaluator: _____

	Acceptable Used			Unacceptable Not Used	
1. Accomplishment of objective(s)					
2. Communication climate					
3. Pre-conditions					
4. Questions/probes					
5. Interactionist approach					
6. Consideration of consequences					
7. Communicator credibility					
8. Evidence of listening to the other person					
9. Evidence of remaining in control of the direction of the encounter					

COMMENTS:

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